

**Response to HB 13-1275**

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## Section (2) (a)

The bill places limits on the research. The RFP should accurately reflect the scope of the work and the research *question(s)*. The stated “review of existing epidemiological data” is unclear and limiting. I believe one of the problems with epidemiological data is that it does not exist for many known effects. While, cases of cancer are reportable, most of the non-chronic effects cannot be found in a database but would involve collection of health records, surveys, or other methodology.

Is it really a review? Is it a health impact assessment? Selection of a “control area” suggests a case-control study and “appropriate time period” suggests a cohort study.

I suggest that the RFP be drafted with input from those with experience in this research area, such as those from the Colorado School of Public Health. An unclear RFP makes it difficult for a contractor to submit a proposal and may end up costing more money to complete.

The stated purpose of the review is to “determine *whether* oil and gas operations can have an adverse effect on human health”. We already know that oil and gas operation by-products produce adverse effects and there are studies (few) that have documented adverse health effects.

## Recommendation:

*“the State Board of Health with input from medical researchers with subject expertise shall expeditiously issue a request for proposals from prospective contractors to conduct necessary research to determine the correlation between adverse human health effects and exposure to oil and gas operations.”*

## Section 2) (b)

The wording should be either more specific or more general (I recommend more general). The wording should include exposure data. Specifying incidence data restricts the contractor from doing other research needed to answer the research question. Leave out appropriate period of time. Period of time is covered in the words “relevant”.

## Recommendation:

*The contractor shall design a research plan with input from...that provides relevant exposure and health data on ...acute, chronic, debilitating, fatal, Transgenerational and psychological effects on impacted populations...as well as vulnerable populations such as children, pregnant women, the elderly, those with impaired health, racial and ethnic minorities and oil and gas workers.*  
Delete from *The review must...*

#### Section (2) (c)

*The contractor shall analyze research data ..*

Section 3) (a) Perhaps the following better reflects the intent.

*The Review/final report: May include a specific recommendation (based on a finding) in the final report...that either the Division of Administration in the Department of Health? or the Colorado Oil and Gas Conservation Commission exercise its power to issue...*  
*If the report recommends...**must also identify:***

#### Section 3) (b) (III)

Delete “determine to what extent”

*A **correlation** between epidemiological data and exposure to oil and gas operations.*

Would exposure data not already be necessary to make a cease and desist recommendation?

#### Section 4) (d)

*The committee shall determine whether a follow-up study to collect and analyze ...new epidemiological and exposure data...*

#### Section 2. amendment

##### (4) (a)

*By the Commission, or by the director (of what)*

#### Section 3 amendment

Why is reference being made in this section to a “person” rather than “entity” or “corporation” or “operator”?

*Cause extreme discomfort* is very general and lacks specific parameters such as number of people impacted and/or exceeds EPA reference concentrations, exceeds federal standards. Some real measures are needed here.

Aside from a *warranted follow-up study*, the bill might also address:

- 1) Development of a plan for long-term health monitoring of residents and workers (including but not limited to dosimeters;
- 2) Establishment of a statewide publicly accessible registry/data base (similar to cancer database) to collect data on known health effects of oil and gas operations;
- 3) An *acknowledgement* of the health impacts expected as a result of methane emissions contributing to climate change, such as those caused by drought and loss of potable water use in hydraulic fracturing;
- 4) Removal of clauses that allow settlement with lifetime gag orders on legal cases and/or sealing of case evidence from public review;
- 5) Removal of COGCC's Form 35 that prohibits treating physicians from disclosing 'trade secret' oil and gas industry chemicals related to a toxic exposure incident.
- 6) Development of a plan for emissions monitoring that greatly increases the number of inspectors and increases emissions monitoring during times of drilling, sets industry standards for emissions monitoring and reporting, and funding for independent monitoring such as monitoring by home owners in a high risk area.
- 7) Designation of funding for free health care and subsequent reporting for pregnant women and children through the Colorado Indigent Care Program or other program within a designated exposure area. This can focus on schools.